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CONFIRMATION NO. 6821

<b>SERIAL NUMBER</b> 10/624,390	<b>FILING OR 371(c) DATE</b> 07/22/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> PI/5-19164/D7
<b>APPLICANTS</b> Peter Maienfisch, Rodersdorf, SWITZERLAND; Laurenz Gsell, Basle, SWITZERLAND;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/669,209 09/25/2000 PAT 6,627,753 which is a DIV of 09/136,664 08/19/1998 PAT 6,376,487 which is a DIV of 08/464,931 06/05/1995 PAT 5,852,012 which is a DIV of 08/270,612 07/05/1994 ABN which is a DIV of 08/091,801 07/14/1993 ABN				
<b>** FOREIGN APPLICATIONS *****</b> SWITZERLAND 2315/92-1 07/22/1992				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/04/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 26748				
<b>TITLE</b> Oxadiazine derivatives				
<b>FILING FEE RECEIVED</b> 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	